## MAIL COMPLETED 8700-12 FORM TO:

KDHE-BWM 1000 SW Jackson, Suite 320, Topeka, KS 66612-1366

## Kansas Department of Health and Environment

## **Notification of Regulated Waste Activity**

(RCRA SUBTITLE C SITE IDENTIFICATION FORM)

1. Reason for Submittal (See page 2 of the instructions)  MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:						
	" To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number)						
	" To provide Subsequent Notification of Regulated Waste Activity (to update information)						
	' As a component of a FIRST–RCRA Hazardous Waste Part A Permit Application						
	' As a component of a REVISED-RCRA Hazardous Waste Part A Permit Application						
	' As a component of the Hazardous Waste Report						
2. Site EPA ID Number (See page 3 of the instructions)	EPA ID Number:						
3. Site Name (See page 3 of the instructions)	Name:						
4. Site Location Information (See page 3 of the instructions)	Street Address:						
	City or Town:			State:			
	County Name:			Zip Code:			
5. Site Land Type (See page 3 of the instructions)	Site Land Type: " Private " County " District " Federal " Indian " Municipal " State " Other						
6. North American Industry Classification System (NAICS)	A. B.						
Code(s) for the Site (See page 3 of the instructions)	C. D.						
7. Site Mailing Address (See page 4 of the instructions)	Street or P. O. Box:						
	City or Town:						
	State:						
	Country:			Zip Code:			
8. Site Contact Person (See page 4 of the instructions)	First Name:	MI:	Last Name	:			
	Phone Number & Extension:			Email Address:			
9. Legal Owner and Operator of the Site (See page 4 of the instructions)	A. Name of Site's Legal Owner:			Date Became Owner (mm/dd/yyyy):			
	Owner Type: " Private " County " District " Federal " Indian " Municipal " State " Other						

		B. Name of Site's Ope	Date Became Operator (mm/dd/yyyy):					
		Operator Type: " Private " State " Other	e " County " District "	Federal " Indian " Municipal				
10.	Type of Regulated Waste Acti	vity (Mark the appropriate boxes	for activities that apply to your	site. See pages 5–8 of the instructions)				
Α.	Hazardous Waste Activities							
	1. Generator of Hazardous W (Choose only one of the following)		For Items 2 through 6, mark  2. Transpo	all that apply. rter of Hazardous Waste				
		o (2,200 lbs in any single mo.) or e hazardous waste, greater than irdous waste;	3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for thi activity.					
		s 1: 100 kg or more and less than -2,200 lbs in any single mo.) of dous waste;	4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.					
	b(2). KSG Sub-Class	s 2: 25 kg or more and less than 20 lbs in any single mo.) of non-	•	Boiler and/or Industrial Furnace  Small Quantity On-site Burner Exemption				
	or	n 25 kg/mo (55 lbs./mo.) of non-		Smelting, Melting, and Refining Furnace xemption				
	In addition, indicate other genapply)	erator activities. (Mark all that	" 6. Undergr	ound Injection Control				
	d. United States Imp	orter of Hazardous Waste						
	e. Mixed Waste (haz	ardous and radioactive) Generator						
В.	Universal Waste Activities		C. Used Oil Activities	(Mark all boxes that apply.)				
1.	Large Quantity Handler of Ur 5,000 kg or more) [refer to Ka what is regulated]. Indicate ty generated and/or accumulated that apply):	nsas regulations to determine	' a. Trans ' b. Trans	sporter - Indicate Type(s) of Activity(ies) sporter sfer Facility				
		Generate Accumulate	2. Used Oil Proces of Activity(ies)	sor and/or Re-refiner - Indicate Type(s)				
	a. Batteries	И	' a. Proce	essor				
	b. Pesticides	и	' b. Re-re	efiner				
	c. Thermostats	и и	" 3. Off-Specification	on Used Oil Burner				
	d. Lamps e. Other (specify)		4. Used Oil Fuel M Activity(ies)	Marketer - Indicate Type(s) of				
	f. Other (specify)			Who Directs Shipment of Off-Specification to Off-Specification Used Oil Burner				
и	2. Destination Facility Note: A hazardous waste permi	for Universal Waste t may be required for this activity.	" b. Markete the Specif	r Who First Claims the Used Oil Meets ications				

11. Description of Hazardous Wastes (See page 9 of the instructions)								
Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.								
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12. Comments (See page 9 of the instructions)								
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See page 9 of the instructions)								
Signature of owner, operator, or an authorized representative		Name and Official Title (type or print)			Date Signed (mm/dd/yyyy)			

## **RETURN COMPLETED 8700-12 FORM TO:**

KDHE-BWM 1000 SW JACKSON, SUITE 320 TOPEKA, KANSAS 66612-1366

Revised 7/21/2003